

**Experiences of persons with mobility impairment in using public transport
in Knysna townships in the Western Cape Province**

Khangelani Gudwana

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Supervisor: Dr Martha Geiger
Co-supervisor: Dr Surona Visagie

DECLARATION

I, Khangelani Gudwana declare that the work contained in this research assignment is entirely my own, original work (except where acknowledgement indicates otherwise), and it has not been previously submitted for any other degree at Stellenbosch University or at another University.

Signed: _____

Date: _____

Khangelani Gudwana

ABSTRACT

Introduction: For persons with mobility impairments, accessible public transport remains a major challenge in many areas such as Knysna townships in the Western Cape; South Africa, with implications for their access to services such as health and their participation in economic and social activities.

The aim of this study was to explore the experiences of persons with mobility impairment in accessing public transport in Knysna townships in the Western Cape Province.

Method: An exploratory qualitative design was implemented. The townships in Knysna in the Western Cape Province, were chosen as the study setting because of its steep and rough terrain and its restricted public transport options. **The study population** consisted of all persons with mobility impairment, aged 18-35 using public transport in Knysna townships. Purposive and snowball sampling was used to select the participants. A final sample of six was determined by data saturation. **Data were collected** using in-depth interviews. With the permission of participants, interviews were audio-recorded, and field notes were used to supplement and verify the voice recording after interviews. Photos of the home environment were taken with consent of each participant. Manual **data analysis** was implemented using a six-step thematic data analysis guide.

Ethical considerations: informed consent was obtained, and confidentiality was safeguarded.

Rigour: All aspects of the study were carefully monitored against the criteria of trustworthiness such as credibility, transferability, dependability and confirmability.

Findings: Six themes emerged, namely: Challenges related to lack of safety; challenges related to cost of transport for persons with mobility impairment; challenges related to accessibility to the taxi, the road and to the houses; attitudes contributing to exclusion, and finally; participant's perceptions on ways to address the challenges.

Conclusion: Participants concurred that challenges in accessing public transport cause them to suffer social / economic exclusion. The recommendations to diverse stakeholder audiences should be implemented sooner rather than later due to the ongoing negative impact on basic human rights and human dignity for persons with mobility impairment in Knysna townships.

Key Words: Disability; Physical Impairments; Mobility Impairments; Public Transport; Barriers; Facilitators; Accessibility; Attitudes; Western Cape

ABSTRAK

Inleiding: Vir mense met mobiliteitsgestremdhede is toeganklike openbare vervoer steeds 'n groot uitdaging in baie gebiede soos by voorbeeld Knysna townships in die Wes-Kaap; met implikasies vir hul toegang tot dienste soos gesondheid en hul deelname in ekonomiese en sosiale aktiwiteite.

Die doel van die studie was om die ervarings van mense met mobiliteitsgestremdhede se toegang tot openbare vervoer in Knysna townships te verken.

Studie-ontwerp: 'n verkennende kwalitatiewe ontwerp is geïmplementeer.

Die studie-omgewing was die dorp, Knysna townships in die Wes-Kaap wat gekies is weens sy rowwe en styl terrein en die beperkte openbare-vervoeropsies

Die studie-bevolking het bestaan uit alle persone met mobiliteitsgestremdhede, tussen die ouderdomme van 18 en 35 jaar, wat openbare vervoer in Knysna townships benut. Doelgerigte steekproefneming en die sneeubalmetode is toegepas om deelnemers te kies. 'n Finale steekproef van ses is bepaal deur versadiging van data.

Dataversameling: data is versamel deur middel van indiepte-onderhoude. Met die toestemming van die deelnemers is klankopnames daarvan gemaak en veldnotas is geneem om die opnames aan te vul en te verifieer. Fotos van die fisiese omgewing is ook met toestemming van die deelnemers geneem. **Data-ontleding** is volgens 'n ses-stadium tematiese ontledings-gids gedoen.

Etiese oorwegings: ingeligte toestemming is verkry en vertroulikheid is beskerm.

Navorsings-betroubaarheid: alle aspekte van die studie is sorgvuldig gemonitor teen die kriteria van geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestigbaarheid.

Bevindings: ses temas het na vore gekom, naamlik: Uitdagings verbonde aan gebrek aan veiligheid; die hoë koste van vervoer vir mense met mobiliteitsgestremdhede; uitdagings verbonde aan ontoeganklikheid van minibus-taxis, van paaie en van huise; houdings wat tot uitsluiting bydra en uiteindelik deelnemers se persepsies oor maniere om die uitdagings aan te spreek.

Afsluiting: Deelnemers was dit eens dat die uitdagings om openbare vervoer te gebruik daartoe bydra dat hulle uitgesluit word van ekonomiese en sosiale aktiwiteite. Die aanbevelings aan uiteenlopende belanghebbendes moet vroeër as later geïmplementeer word weens die voortdurende negatiewe impak op basiese menseregte en menswaardigheid vir persone met mobiliteitsgestremdheid in Knysna townships.

Sleutelwoorde: Gestremdheid; fisiese gestremdhede; mobiliteitsbeperkings; openbare vervoer; hindernisse; fasiliteerders; toeganklikheid; houdings; Wes-Kaap.

DEDICATIONS

I would like to dedicate this research assignment to the following:

- The Almighty God, for giving me strength, health and allow me the capabilities to complete this research assignment, I give you the Glory.
- My grandmother Grace Gudwana for loving me, raise me as a child until I grew up to become a man and for encouraging me to take education serious. I will never forget the day when you took me to school one morning when I was trying to escape school at Sub-B class which I managed to take the first position in the same year.
- My wife, Phumeza Nosimanye Gudwana and my 2 boys (Simamkele and Siphamandla) and my little daughter (Masivuye Gudwana), for being patient with me, for the encouragement, for understanding and sacrificing our quality family time by giving me the time to complete this study. I LOVE YOU ALL!
- My late Mother Bishop Florence Nolight Dapula for raising me from a very young age and grew me spiritually and taught me how to love and trust God in everything I do.

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ACRONYMS

APD	: Association for People with Disabilities
BRT	: Bus Rapid Transport Transit
CBR	: Community Based Rehabilitation
DoT	: Department of Transport
IPD	: Integrated Developmental Plan
NDP	: National Development Plan
PEPUDA	: Promotion of Equality and Prevention of Unfair Discrimination Act
PGWCDoH	: Provincial Government of the Western Cape, Department of Health
PWD	: Persons with Disabilities
PWMI	: Persons with Mobility Impairments
RAF	: Road Accident Fund
RDP	: Reconstruction and Development Programme
SASSA	: South African Social Security Agency
UN	: United Nations
UNCRPD	: United Nations Convention on the Rights of Persons with Disabilities
USA	: United States of America
WHO	: World Health Organisation

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Chapter One

1.1. Introduction

This chapter is an introduction to the study, which presents a brief background and problem statement; personal motivation and rationale and the research question, aim and objectives of this qualitative study.

1.2. Brief background and problem statement

Transport has been emphasized as a key necessity to fulfill the United Nations Sustainable Development Goals in the lives of individual people (United Nations 2019). Moreover, transport is key to facilitating social and economic participation; especially for persons who are affected by disability as well as poverty (Vergunst, Swartz, Hem, Eide, Mannan, MacLachlan, Mji, Braathen, & Schneider, 2017; Visagie, Eide, Dyrstad, Mannan, Schneider, Mji, Munthali, Khogali, Van Rooy, & Hem, 2017).

More than one billion people in the world live with some form of disability, and 200 million of them are experiencing difficulties in functionality (WHO, 2011). STATSSA (2011) indicated that 7,5% of the total population of South Africa are living with some form of disability of which 5,4% of the total Western Cape population are living with a disability (Lehohla, 2011).

South Africa's ratification of the United Nations Convention on the Rights of Persons with Disabilities played an important role in advocating the Rights for Persons with Mobility Impairments (PWMI) to equal access to physical environment and transportation, both in urban and rural areas (Naidoo, Akoch, Anderson, Ghela, Govender & Hoosen, 2014).

Literature has shown that while actions have been taken in some parts of the world and recommendations have been made, public transport systems that are accessible for PWD are indeed one of the major challenges both globally and locally (Almada & Renner, 2013; Kahonde et al, 2010; Kumurenzi et al, 2015; Thompson. 2016). According to Knysna townships Human Settlement Plan Knysna Municipality 2015) the public transport system was reported as a challenge as the only public transport systems used are minibus taxis and meter taxis. There are no bus services used in the area other than the long-distance buses driving via Knysna townships to other bigger cities of South Africa (Harrison & Todes, 2015). However,

very little information could be found about the narratives about the personal experience of PWMI in accessing public transport in the Western Cape.

This is what motivated me, the researcher, a Field Case Manager with the SA Road Accident Fund, to explore the experiences of PWMI in accessing public transport in Knysna townships in the Western Cape province of South Africa.

1.3. Personal motivation and rationale for the study

I am a professional nurse who is working for the Road Accident Fund (RAF) in the Western Cape Province, specifically with road accident victims. Some of these victims lose their lower limbs or functionality, as a result of the road accident. In Knysna townships where I work most of the time I observed that the majority of people in the townships are dependent on minibus taxis as their mode of transport. The terrain in the area is very steep and highly uneven to the extent that most of the houses in the townships are built on wooden structures supported by concrete stairs to make the steep surface flat for the structure to stand firm. As a rehabilitation professional, I became interested in how the persons with mobility impairment (PWMI) manage to access public transport in such an environment.

This study focused on narrative experiences of persons with mobility impairment in accessing public transport. Lack of accessible public transport in the Western Cape was raised in studies by, for example Cawood & Visagie (2015), De la Cornillere (2007) and even earlier, by Whitelaw et al (1994). The issue of public transport and disability has been included in policies such as the National Developmental Plan (NDP) which is called Vision 2030 and the Integrated Developmental Plan (IDP) of Knysna townships (2017-2022).

Gathering the narratives of the personal experiences from PWMI will hopefully inform policy makers and service providers. This will be to enhance the social and economic participation of persons with disabilities in influencing the policies that are affecting them. Community based organizations such as taxi associations that are helping in communities also need evidence - based information to work better with their communities.

1.4. Research question

What are the challenges faced by persons with mobility impairment (PWMI) in accessing the public transport in Knysna townships in the Western Cape Province of South Africa?

Chapter Two

Literature Review

2.1. Introduction

In this assignment I reviewed literature on the challenges faced by persons with mobility impairment in accessing public transport in other parts of the world, Africa, South Africa and Knysna townships. I relied on Stellenbosch University (SU) library to access Google Scholar and PubMed. Searches included concepts such as Disability, Physical Impairment and Mobility impairment, Policies and Legislations on Rights of Persons with Disabilities (PWD), Accessible Public Transport for PWD and PWMI, Studies done on Facilitators and Barriers to accessible public transport.

This review will cover key concepts such as disability and mobility impairment. Then global to national policies, laws and legislations on accessible public transport (Department of health and the department of transport from National to Western Cape government). Some relevant global, national and provincial studies done in the past with regards to accessibility to public transport are also considered and finally the local (Eden District Municipality) strategic plans implemented and still to be implemented on accessible public transport in the area.

2.2. Disability and Mobility impairment

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO, 2011). Contextual factors including environmental and personal factors have an enormous impact disability (Michaud, Murray & Bloom, 2001; WHO, 2011).

Mobility impairment is defined as a category of disability that include loss of lower limbs functionality or basic activities such as walking, climbing stairs, lifting or reaching and carrying as a result of congenital condition, disease or traumatic accident (Malloy, 2015).

2.3. Policies and Legislations on Rights of Persons with Disabilities (PWD)

World Bank highlighted the lack of regulatory frameworks and inadequate monitoring and enforcement of access legislations as the challenge that many countries in the world are facing

(Collier, Blackstone & Taylor, 2012). Being disabled is linked to more negative and problematic experiences of travelling when compared to abled bodied individuals (Fernandes, Cantrill, Shrestha, Raj, Allchin, Kamal, Butcher & Grill, 2018).

Specific examples from other countries include the following: in the United Kingdom, in the Disability Discrimination Act of 1995 there was no provision on increased access to transport for people with disabilities. However, three new clauses were later implemented such as (i) prescribed standards of accessibility for PWD in all new transport systems, (ii) New door-to-door transport system by local authorities for those unable to use other forms of public transport and (iii) the new clause on public transport design to fit the needs of PWDs (Butcher, 2018). In Wales a Committee called ‘Petitions Committee’ was established in June 2016 within the National Assembly to advocate for the accessible public transport needs and concerns for PWDs (McAllister, 2017). In New Zealand, a scheme called ‘Total Mobility Scheme’ was established to help subsidizing the travelling and local transport cost for eligible people with long-term impairments to access transport for their daily needs and enhance their community participation (Stroombergen & Infometrics Consulting, 2018).

Here in South Africa, ratification of the United Nations Convention on the Right of Persons with Disabilities (United Nations 2006) by South Africa in 2007 played an important role in advocating the Rights for PWM to equal access to physical environment, transportation, information and communication and many other facilities and services provided to the public, both in urban and rural areas (Naidoo et al. 2014). Furthermore, policies and legislations such as the National Constitution, the Integrated National Disability Strategy of 1997, the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) also known as the Equality Act No 4 of 2000), all include directives in response to these challenges faced by PWMI (Naidoo et al, 2014).

According to Knysna Human Settlement Plan (Knysna Municipality, 2015) an accessible transport system was identified as a challenge as it stipulates that the only public transport systems used are minibus taxis, and meter taxis. There are no bus services in the area other than the buses driving via Knysna townships to other bigger cities of South Africa (Harrison & Todes, 2015; Knysna Municipality, 2015).

Article 9 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) clearly states that all states should ensure that PWMI should enjoy equal access as others to the environment and transportation. However, the World Health Organization (WHO

2011) is not satisfied with the progress made by most developing countries since their respective ratification of UNCRPD in 2007. WHO further notes that PWMI are still excluded in transport planning, and accessibility of public transport (WHO 2011). The Community Based Rehabilitation (CBR) guidelines also emphasizes full participation of PWMI in broader community activities, which involves accessible public transport since people can only participate in activities that they can reach (Khasnabis & Motsch, 2008).

The researcher looked at the improvements made specifically in the South African context since the achievement of freedom and democracy in April 1994 and the ratification of UNCRPD in 2007 and on the realization of an accessible public transport system for PWD. The Constitution of the Republic of South Africa (1996) clearly states that everyone has a right to equal access to all public facilities and that includes public transport. This statement is in support of what the UNCRPD stands for in promoting and protecting the rights of PWD but its implementation still faces challenges especially accessibility to public facilities and transport (South African Parliamentary Monitoring Group Meeting, 2011). There are serious safety risks associated with the use of the surrounding roads to access the markets for PWMI (Naidoo et al., 2014)

2.4. Facilitators and Barriers to accessible public transport

In a study done in the United Kingdom, other countries in Europe and some African countries the issue of accessible transport was identified as a significant barrier to full participation for PWD; especially the cost, inadequacy and inconvenience as they have fewer alternatives compared to persons without disabilities (Venter, Savill, Rickert, Bogopane, & Venkatesh, 2002). A study done in Brazil, in the Vale do Sinos region of Rio Grande do Sul, both successes and challenges were reported on a modified, adapted type of bus service, introduced with the aim to assist PWMI to continue joining the labor market (Almada & Renner, 2015). Wheelchair users experienced a number of hindrances such as too few adapted vehicles to accommodate their needs, distances to the bus stops and lack of access to public streets which resulted in them having to wait a longer period of time to get the public transport than their able bodied fellow citizens (Almada & Renner, 2013). Vehicle design and infrastructure such as train stations, bus stops and taxi ranks are inadequate and rarely designed to accommodate PWMI (Venter et al, 2002).

Accessible transportation system performance in Utah (USA) was measured in terms of travel times which played an important role in the economic development and employment growth

of that region (Jansuwan et al, 2013). A study done in the Netherlands found additional factors: i.e. that functional ability and health, problems with transport, and problems related to a bad attitude of employers towards persons with mobility impairments (Visser et al, 2008). In Nigerian cities, barriers included the attitudes and driving behaviour of most drivers, the overcrowding of available modes of travel, prolonged waiting time, and the drivers of public transport do not give disabled people enough time to board and alight in comfort and safety (Odufuwa, 2007).

In America, lack of door-to door service when necessary, attitudinal barriers among drivers and lack of disability training to drivers are major barriers to accessible public transport (Benzyak, Sabella, & Gattis, 2017). Wretstrand, Stahl & Petzall, (2008) found that, 'it is madness to travel without being strapped' as per a direct comment by a wheelchair user, and they further added that people should try it themselves, and see how it feels to be in a wheelchair'. Drivers emerged as key actors in providing comfortable and safer trip. Also among the officials providing the transportation services, drivers were seen as crucial (Wretstrand, Stahl & Petzall, 2008). Many physically disabled people are not able to use public transport at all. For example, wheelchair users required the services of a 'total mobility taxi' with a wheelchair hoist (Rose, Witten & McCreanor, 2009). Lack of knowledge and understanding among drivers and personnel might not in itself result in non-use, but it can still play an important part when deciding whether or not to travel by public transport (Visnes Oksenholt & Aarhaug, 2018). More than any other risk factors, travelers with mobility impairments consider safety as paramount when travelling with public transport (Visnes Oksenholt & Aarhaug, 2018). Even *getting to* the public transport (e.g. taxi stop) has many challenges for example, on rainy days the wheelchair becomes slippery and it collects a lot of mud which makes it difficult for the participant to go to work (Vergunst et al. 2015).

In South Africa prior to the 2010 Football World Cup the Bus Rapid Transport (BRT) policy was introduced in trying to address the issue of an inaccessible public transport system to accommodate the international visitors with disabilities and with the aim to further invest in an improved and accessible public transport for future benefit of all South African citizens (Thompson. 2016). The BRT system started in the City of Johannesburg (Rea Vaya Bus services) and it expanded to the City of Cape Town (MyCiTi Bus Services) and the Go George in the Eden District Municipality in the Western Cape (Thompson, 2016). The Go George Bus Service was not well received by the taxi associations in George (near Knysna) which resulted in the bus not being allowed in the township of Thembaletu, the biggest township in the area

mostly dominated by black poor population (Aboo & Quinton, 2015). A study done in Mpumalanga in South Africa found that people with disabilities pay up to R1 200 every month on hire cars to be transported to the group meeting place which was far less than an amount one would pay on public transport (Chakwizira et al, 2010). Two Studies on the experiences of PWD in accessing the health care centers have both recommended the accessible public transport system such as BRT (Kahonde, et al, 2010; Kumurenzi et al, 2015). The natural environment as a barrier feeds into the transportation problem and is naturally more problematic in poor contexts due to lack of infrastructure, such as poor roads, difficult terrain such as hills and gullies or rivers without bridges; as well as flash floods and/or extreme heat (Visagie et al, 2017). Another local study found negative attitudes from other commuters were experienced for example due to their fear that wheelchairs will make them dirty. Disabled persons also expressed reluctance to sit next to other commuters who stare uncomfortably at them (Leshilo, 2004).

Inaccessible public transport continues to be identified as a major challenge both globally and locally (Almada & Renner, 2013; Kahonde et al, 2010; Kumurenzi et al, 2015; Thompson, 2016). This has been the case in the Western Cape, specifically in Knysna townships where the public transport system is limited to minibus taxis and metered taxis, according to Knysna Human Settlement Plan Final Draft in 2015. Balcombe et al, 2004, describes a taxi as a vehicle available for hire on demand or on the street and at designated ranks. South African government also introduced a disability friendly mode of transport called Dial-a-Ride in some big cities and in some smaller municipalities to again improve public transport (Lorenzo, 2008). However, there were still barriers experienced by PWD in using public transport and findings indicated that even the accessible transport system (Dial-A-Ride) had challenges such as over booking and lacking availability (Lorenzo, 2008).

Vergunst et al, (2015) mentioned that the attempts to overcome such barriers would incur substantial costs. Furthermore the poor state of public transportation services in for example, Nigerian cities necessitated the need for PWMI to make provision for extra economic expenditure in hiring a professional attendant during trips in the society (Odufuwa, 2007). A PWMI had to pay three fares each time they travel to town (one way), one fare herself, one fare for her wheelchair and one fare for an accompanying person which makes it very expensive for PWMI to travel (Chakwizira, 2010).

2.5. Conclusion

While little evidence exists for contexts similar to the study setting, studies in other contexts have identified different aspects of physical access, operator (driver) attitudes and safety issues as barriers to using public transport and some of these could be transferred to the Knysna townships context.

Chapter Three

Methodology

3.1. Introduction

This chapter discusses the methodology that was used to conduct this study. It includes the research design, study setting, population, selection criteria (inclusions and exclusions), sampling strategy, recruitment of the participants, participant demographics, data collection strategy, data collection tool, data analysis strategy, rigour / trustworthiness of the study, credibility, transferability, ethical considerations and study limitations.

3.2. Aim and objectives

The aim of the study was to explore the experiences of persons with mobility impairment in accessing public transport in Knysna townships in the Western Cape Province.

The related objectives were:

- to identify barriers faced by persons with mobility impairment in accessing public transport in the research setting.
- to identify facilitators experienced or suggested by persons with mobility impairments in accessing public transport in the research setting.

3.3 Research Design

O' Leary (2017) speaks of research design as a way to come up with a plan that allowed the skillfully constructed hypothesis. It outlines a set of strategies that the researcher utilizes in order to produce accurate and interpretable evidence (Polit & Beck, 2012).

In this study I used the exploratory design which is in the qualitative research paradigm designed to shed light on various ways in which a phenomenon is manifested (Polit & Beck, 2012). I used this research design to understand the challenges faced by persons with mobility impairments (PWMI) in accessing public transport in Knysna townships.

3.3. Study Setting

The less resourced townships spreading over the slopes around Knysna include White Location, Concordia, Bongani Village, Khayaletu, Nekkies and Hornley and are characterized by steep and often rough terrain (Figure 3.1)



Figure 3.1: Both formal RDP (top) and informal housing (bottom) areas around Knysna townships have steep and rough terrain.

This study took place in Knysna townships in the Western Cape Province, which was chosen because it is one of the small towns where public transport options are limited to minibus taxis (referred to as taxis in the study) and expensive meter taxis. The town of Knysna is located in the well-known South African tourist destination known as the Garden Route in the Western

Cape Province. While the scenic beauty and luxury tourism destinations in and around the town of Knysna are much publicized in glossy tourism advertisements, not much is published about how steep and uneven the terrain of Knysna townships are, where persons with disabilities in particular, are finding it extremely difficult to navigate their way in and out of their houses on their wheelchairs and other mobility assistive devices to find public transport to work, to social activities and to healthcare service providers.

Personal observations during several visits in the area for work with persons with disabilities due to the road accident injuries, Knysna townships has visible challenges (including the natural environment and manmade changes to the environment) that affect the lives of persons with disabilities. Knysna townships are made up of small RDP houses and nicely built wooden structures and some informal structures (shacks) that are built on higher foundations due to the sloping terrain of these areas where many PWMI are residing. These townships are situated on the hills and valleys that are surrounding the upper part of the town of Knysna where everyone has to go down the hill to reach the town. The townships have poor access to its small roads and to the houses into which persons with disabilities also have to find their way, in order to live in the environment. The roads are narrow and mostly gravel (or mud when it rains) where most of the dwellings are situated. The public transport options in Knysna townships are minibus taxis (which are mostly not in good condition) and/or people with mobility challenges have to hire privately owned motor vehicles to get to town or to the hospital.

Knysna, its townships and the surrounding areas are also notorious for veld fires needing several emergency evacuations in the recent years. This has further put the residents of the area in an unfortunate situation mostly affecting the vulnerable groups of the population especially those with mobility challenges (i.e. when others gathered at schools and clinics to be evacuated by buses, PWMI had to be fetched individually from their homes).

3.4. Study Population

O'Leary (2017:204) defines study population as a well-defined group of individuals with a set of defining characteristics such as age and geographical area of living. It is further described by Polit and Beck (2012) as an accessible or target population that conforms to designated criteria of the study.

The study population here referred to all persons with mobility impairments between the ages of 18-35, living in Knysna townships and who are dependent on using public transport such as minibus taxis and meter taxis.

3.5. Selection Criteria

3.5.1. Inclusions

- All persons with permanent mobility impairments (congenital or acquired) between ages 18-35 who are residing in Knysna townships were included in the study population. This age range was chosen because that is the legal youth age in South Africa which is expected to be economically active (Presidency, 2015).
- Persons speaking English, isiXhosa or Afrikaans, which are the three main languages of the area) were included. Although the researcher was open to recruiting participants in any of the regional languages (i.e. English, Afrikaans and IsiXhosa), only English and isiXhosa participants were found. No interpreter was required as the researcher is fluent in both languages.
- Persons who could articulate their experiences even if they had a stroke or head injury.

3.5.2. Exclusions

- All persons who are claimants of the National Road Accident Fund (RAF) were excluded from the study to avoid interventionist bias as the researcher is an employee of RAF and was directly involved in purchasing of assistive devices and provision of healthcare related assistance to all RAF claimants.
- PWMI and additional cognitive and/or speech impairments (as evidenced in an informal, introductory conversation when the researcher established rapport with the potential participant) were excluded from the study due to their communication challenges which would have affected the trustworthiness of their narratives. This included patients with stroke and severe head injury whose mobility is affected because of these conditions.

3.6. Sampling Strategy

Sampling refers to the process of selecting the sample from the population, in order to gather the information regarding a phenomenon in a way that represents the population of interest (Paul, 2016). Purposive and snowball sampling were both used to select the most suitable participants from the study population. Purposive sampling is also known as hand-picked sampling as it is based on the judgment of the researcher regarding the value of the potential participant's contribution (O'Leary, 2017). My second sampling strategy was snowball sampling, whereby participants were asked to invite further potential participants from their community-based disability networks, to contact the researcher if they were interested in taking part in the study (Berg, 1988). In line with Kristensen and Ravn (2015) the issues of sampling and recruitment are inseparable when applying these sampling methodologies.

3.7. Recruitment of the participants

First, approval was granted by the Stellenbosch University Humanities Ethics Committee (REC-2018-7408) (Appendix 1). Second, permission was granted by the Provincial Government of the Western Cape, Department of Health (PGWCDoH) wherein permission to access Knysna townships District Hospital was inclusive (Appendix 2). An approval letter was sent to the researcher and to Knysna townships District Hospital by the PGWCDoH. The letter stated that an access to the hospital premises and an office space be granted to the researcher to do in-depth interview with the interested participants who meet the study criteria. Before I went to Knysna townships, I went to Grabouw where I met my Pilot participant (PP) whom I interviewed to test my study interviewing tools, but the data was not used as it did not meet the study setting criteria. Grabouw was chosen because the setting looks like Knysna townships when it comes to terrain and public transport options.

In Knysna townships, the first participant (P1) who met all the selection criteria was found at the hospital step down facility (hospice) through the access that was granted for me to look around the hospital and personally approach the participants who were meeting the study criteria as they come into the hospital.

By snowballing, the first participant referred the researcher to his friend who was very active in the disability support groups that was organised by Knysna Association for People with Disabilities (APD). The second participant was met at his home and he referred me to two other participants whom he normally visited at their homes for the purpose of supporting them through the Knysna APD.

The last two participants were referred by the same participant who knew them through his engagement in the past with Knysna Hospice. A total of 6 participants were interviewed by the researcher. All participants were given a clear explanation in their respective comfortable languages about the study and were given consent forms to sign prior to the interview. Interviews were conducted at a venue of the participant's choice: that is either in the participants' own comfortable space at their homes or at a local clinic private room due to the ethical considerations of privacy for those with limited private space at home or at the work place.

3.8. Participant Demographics

The table below illustrates the demographic profile of all six participants of the study:

Table3.1 Participant demographics

Participants	Age	Gender	Diagnoses	Assistive Device	Occupation	Family Support
Participant 1	32	Male	Paraplegia (TB spine)	Manual Wheelchair	Work supervisor in Retail shop	Mother
Participant 2	30	Male	Paraplegia (Gunshot)	Manual Wheelchair	Peer Supporter	Mother
Participant 3	22	Male	Paraplegia (Injury on Duty)	Manual Wheelchair	Unemployed	Partner
Participant 4	18	Male	Tetraplegia (Muscular Dystrophy)	Electrical Wheelchair	Online data Capturer	Father
Participant 5	31	Female	Born with short leg	Prosthetic leg	Administration Officer	Husband
Participant 6	31	Male	Tetraplegia (Muscular Dystrophy)	Electrical Wheelchair	Musical Artist and Sound Engineer	Father

Pilot Participant	23	Male	Paraplegia (Motor vehicle accident)	Manual Wheelchair	Administration Officer	Mother
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3.9. Data Collection Strategy

Individual in-depth interviews were done to collect the data. The first participant was interviewed in hospital bed where he was alone in the room and was comfortable that the interview took place in that room. The second, third, fourth and the sixth participants were interviewed in their respective homes where they were comfortable for the interview to take place. Only the fifth participant was interviewed at her workplace and she was comfortable in her own office in the presence of her one male colleague and friend. According to her the researcher was a male stranger to her so she was more comfortable in the presence of her male colleague who was asleep in the room during the interview as it was lunch time.

The researcher had a one-on-one conversation with the participants about the challenges that the participants face when accessing the public transport in their area. The researcher himself conducted the interviews in English and in isiXhosa which depended on the participant's choice. No interpreter was used for interviewing as the participants were speaking English and isiXhosa which were the dominant languages in the area and the researcher is fluent on both languages (O'Leary, 2017: 320). Duration of each interview was between 30-40 minutes. In line with O'Leary (2017), who speaks of the importance of taking notes during the interview the researcher took field notes to capture additional non-verbal cues during the interviews. The researcher intended to interview between 6-8 participants, but the researcher stopped after six participants due to data saturation.

3.10. Data collection Tools

An in-depth one-on-one unstructured interview was used to explore the challenges faced by PWMI in accessing public transport in Knysna townships. The purpose of unstructured interviews was to draw out rich and informative conversations (O'Leary, 2012). Tappen (2011) asserts that unstructured interviews are neither formless nor chaotic as the term 'unstructured' may suggest, instead they are shaped by the interaction between the interviewer and the

interviewee. A researcher using unstructured interviews may ask a broad question related to the topic under investigation and follow –up by asking the related probing questions based on the answers provided by the participant (Paul, 2016).

The researcher thus asked one core question as follows: **“What are your experiences with using public transport?”** Thereafter the probing questions followed based on the responses of the participants. The following examples of probing questions were asked depending on each participant’s response to the core question:

- Could you please explain more about that?
- What do you mean by that?
- Any idea why that is happening?
- Can you give an example?

With the permission of the participants, the interview was audio recorded (using tape recorder and smart phone as a back-up). With the participant’s’ permission, the researcher also took photographs of the participants’ environment such as the home access and entrances for the purpose of providing visual examples of accessibility issues, and field notes were written down (O’Leary, 2017: 328). Care was taken not to include any persons in these photographs, for the protection of their privacy.

3.11. Data Analysis Strategy

After the interviews were transcribed by the researcher (and the English ones checked and verified by the main supervisor), the anonymized transcriptions of the interviews were analyzed as follows.

O’Leary (2017) describes the goal of qualitative data analysis as a process of moving from raw data from participants to a rich theoretical understanding. Data analysis is not a distinct step in the qualitative research process, but it is done concurrently with data collection (Brink et al, 2012), which means it is always in the best interest of the study when the researcher does data collection and start data analysis at the same time while all the events of the participants’ actions are still fresh in the mind of the interviewer. Thematic Data Analysis became the most appropriate for this study due to what Braun and Clarke (2008) describes as its advantage of its flexibility and its usefulness to provide rich detailed yet complex accounts of data. The following 6 guiding steps for thematic data analysis were followed by the researcher (Braun & Clarke, 2008):

- Familiarizing yourself with your data.
- Generating initial Coding.
- Searching for themes.
- Reviewing themes.
- Defining and naming themes.
- Producing report.

This thematic data analysis guide was chosen as suitable for this study as Braun and Clarke (2008) re-iterated the conciseness and efficiency thereof. The data were analyzed manually by the researcher.

3.12. Rigour / Trustworthiness

The researcher monitored the research steps against the following trustworthiness criteria:

3.13. Credibility

Credibility in qualitative research is the equivalent of internal validity in quantitative research, and seeks to demonstrate that the way an inquiry is conducted, ensures that the topic is accurately described (Tappen, 2011). This is achieved when the researcher's methods engender confidence in the truth of the data and in the researcher's interpretation (Polit & Beck, 2012). During interviews the researcher ensured that interview questions are reframed, repeated and further explained to ensure that the participants understand them clearly.

3.14. Transferability

Transferability refers to the applicability of the findings to other situations and other participants; that is the qualitative equivalence of external validity (Tappen, 2011). The researcher ensured transferability through by an audit trail and detailed descriptions of all research steps and processes. In reporting the findings of this study, it was emphasized that they cannot be generalized (as one would aim to do in quantitative research) but was limited to the contexts of similar research setting, population and participant selection.

3.15. Ethical considerations

Approval to conduct this study was obtained from the Humanities Research Ethics Committee at Stellenbosch University (REC-2018-7408) (Appendix 1). Permission was also obtained from the Western Cape Department of Health which included permission to access Knysna Provincial Hospital (Appendix 2). The researcher ensured that the research is scientifically and ethically justified according to the standards of the Declaration of Helsinki (WMA 2008). All participants were autonomous thus they have a right to self-determination (Brink et al., 2012:35).

The right to self-determination means that the participants have the rights to voluntarily decide to participate in the study or not (Brink et al., 2012:35). Thus, participation in the study was voluntary. Participant information and consent letters were disseminated to all the participants explaining the purpose, ethical considerations and guidelines for participation to the study. Individual written consent was requested from the participants (see Informed Consent Form – Appendix 3).

Confidentiality was ensured by not using the participants' names, but pseudonyms in the study. Audio tapes, photographs of the environment and field notes were numbered to ensure the anonymity of the data so that data cannot be traced to the individual participants. Participants were informed of their right to withdraw from the study at any stage of the process without prejudice. Participants were provided with the contact details of a professional counsellor or social worker should they feel emotionally affected during or after the interview. The interview tapes are kept in a locked cupboard in the supervisor's office to which the researcher and the supervisor has sole access for a period of five years. All the electronic copies of field notes, data transcripts, and video tapes are kept in password protected personal computer which can only be accessible to the researcher. The interview tapes are also made available to the research supervisors when they want to verify something on the data. No interpreters were sought as all participants were speaking English and isiXhosa which I am fluent in speaking, reading and writing both languages.

Participants were informed that they will not receive payment for the interview only reimbursement for transport costs incurred, if applicable according to their choice of venue.

3.16. Study limitations

Only one female participant was found and the lack of women's voices here is a limitation of the study. Generalisability was not aimed for in this qualitative study; transferability was well aspired through a detailed audit trail.

3.17. Conclusion

In this chapter the researcher provided a description of how the study was conducted. An exploratory qualitative design was used, which is in the qualitative research paradigm and the reasons for the choice were disclosed. Precautions were applied to meet the criteria of trustworthiness and ethical considerations were also discussed in detail. Chapter four will contain an integrated presentation of the findings of this research and discussion thereof.

Chapter Four

FINDINGS

4.1. Introduction

In line with the aim of the study to explore the experiences of persons with mobility impairment in accessing public transport in Knysna townships in the Western Cape Province, the participants' voices speak for themselves and my role was only to identify the themes and subthemes. The data (the narrative responses) were analyzed manually following six guiding steps for thematic analysis (Braun & Clarke, 2008). Thus, six main and 17 sub-themes emerged, as presented in the tabulated overview (Table 4.1):

Table 4.1: Themes and sub-themes

Themes	Sub-themes
1. Theme One: Challenges related to lack of safety	<ul style="list-style-type: none"> ➤ Safety measures within the taxi (issues of balance and use of seat belts) ➤ Reckless driving by taxi operators ➤ Lack of safety even outside the taxi or as a pedestrian
2. Theme Two: Challenges related to Cost of transport for Persons with Mobility Impairment	<ul style="list-style-type: none"> ➤ The need to hire private transport which costs way more than a normal public transport fare. ➤ The effects of having to pay (transport fare) for the caregiver and / or for the assistive devices in the taxi
3. Theme Three: Challenges related to accessibility to the taxi, the road and to the houses.	<ul style="list-style-type: none"> ➤ Getting access into the taxi with an assistive device affects time and space ➤ There is a constant need for assistance or a companion ➤ Steep and rough terrain from houses to roads ➤ Difficulty in accessing the narrow, steep and uneven roads in the area
4. Theme Four: Attitudes	<ul style="list-style-type: none"> ➤ Attitudes from the taxi operators ➤ Attitudes from the other commuters ➤ Own Attitudes
5. Theme Five: Challenges resulting in exclusion	<ul style="list-style-type: none"> ➤ Economic Exclusion: limited job and business opportunities ➤ Social exclusion: effects on attending social gatherings and visiting friends and relatives
6. Theme Six: Participant's perceptions on ways to address the challenges	<ul style="list-style-type: none"> ➤ Accessible public transport system ➤ Informal workshops, public awareness campaigns and / or training to address the attitudes ➤ Encouragement of family support

4.2. Theme One: Challenges related to lack of safety

4.2.1. Safety measures within the taxi (issues of balance and the use of seat belts)

First of all it's very uneasy Ummm....because not all taxis have seat belts [] If there isn't seat belt that gonna secure you.....[] ehheh... anything may happen, and you might get hurt. [] In terms of transportation that does not have seatbelts, the lower body is very uneasy, it slides from side to side. Yes, you can still hold on...on your upper body. Sometimes it's not easy because your legs shift forward and backwards which very uneasy and it's uncomfortable. (P1)

The problem with taxis, there are no safety belts. The safety belts are only on the driver's seat and the passenger next to him. They need to know safety of the passenger is the most important.[]. Seat belt per seat is important but not these taxis which doesn't have seat belts. Then I will know that I am safe. The special taxi at least a safety belt unlike the public taxi. (P2)

Speaking of overloading when coming from town, the taxis don't likely get the overload as they are from town due to the possibility of getting traffic officers on the road. As a person with disabilities I don't feel comfortable in the taxi due to my lack of balance and also being dependent on people around me and when the taxi turns and some people are not comfortable with me doing that at times. Yes..... In some instances you use the handles around you if you find them, but in most cases, you have to irritate people around you to gain balance. Sometimes lean against the taxi chair and the body of the taxi to gain some safety. Some of the taxis they don't even have those handles behind each seat which makes the situation worse for those who depends on them for balance. You will find that you can even fall when the taxi turns on a faster speed. But those taxis with those handles are few. To choose your comfortable seat for your situation will also depend on how fast you are to get inside the taxi. One can easily get injured more due to the rush that you need to embark on in order to survive the situation. (P5)

[] I also think that it is also important not to only depend to the driver for your safety. You need to also take an initiative to tell the driver that you need to be safely buckled up with a safety belt before the taxi moves. (P6)

4.2.2. Reckless driving by taxi operators

Not good at all, not comfortable, it slides from side to side, forward backwards, so it's not easy but It's something I am not willing to give up because I don't want to sit at home. If something might happen, or I am speeding and take a brake very quickly, will not have balance to hold himself and that might cause an injury or anything.[]. (P1)

And when they make an accident you will be off balance and hit your face to the front and you will hurt yourself. The main problem with our taxis is these small boys that are driving and they make unnecessary accidents. (P2)

[] The speed-bumps in the road should be approached with a slow –speed. But they rush the taxi very fast over the speed-bump and that shaking is not good for my back. (P3)

Yes...but when they stop suddenly I lean to the front and when they turn a corner I lean to the sides? No..... the taxi drivers are driving very fast and I do think it is safe in the taxi. Maybe in the car can be safer. (P4)

Bad driving I will not lie, they drive very badly. But for me I will not say the taxi or a public transport is ideal for persons with disabilities. Especially these days the youngsters are the ones driving and they are more reckless and negligent. (P6)

4.2.3. Lack of safety even outside the taxi or as a pedestrian

These roads treated like a freeway by these boys who drive here. As for me I just wait until the car pass through because there is also a dust that will follow when the car pass through and as a wheelchair user. No one thinks about your safety as a wheelchair user. All you need to do is to run for your own safety. The man was using a wheelchair and when he was trying to swerve his wheelchair escaping a speeding car a taxi came and knocked him down. It also happened to me in the same township when another driver was playing with his car behind me while I was on my wheelchair trying to tease me but he mistakenly bumped me and I fell off my chair. (P2)

When taxi driver coming for me and there are other cars moving up and down and some of them are in a hurry they cannot wait and give way for me and I feel so unsafe. (P4)

In some places there are no walking pavements (side walk), and in some cases you are a wheelchair user and there comes a car and it is not quick enough for you to give way. It is so

risky and dangerous for us. It not always possible for you to walk on the side, instead people and cars are using the same road. So we are at a risk of getting an accident at any time to get further injuries on top of a disability that you already have due to the way our roads are designed. [] You would notice as you did that there are not enough sidewalks and pedestrian crossings here in Knysna townships. (P5)

When one car comes from left I move to the right and when it comes from the right I move to the left because there are no sidewalks to use when I go to the clinic. It is really dangerous.(P6)

4.3. Theme Two: Challenges related to Cost of transport for PWMI

4.3.1. ‘The need to hire private transport which costs way more than a normal public transport fare’.

Like now before I started working I was using public transportationUmm I hire someone to take me to town and I do everything that I need to do and after that call him again or call her again and pick me up to take me back which is very costly. It cost you ten times more than the public transportation. []I went from a driver to another driver, because of the cost.....it’s ridiculous. [] at the moment I am using R1 200.00 per months and that is only in the morning just to get me to work.[] I have requested to work a late shift in order to minimize my traveling cost. So, I will only come down in the morning and in the evening at seven O’clock, I can take the staff taxi which I don’t have to pay.(P1)

[]we end up needing to get special private transport and pay expensive fare which ranges from R100 and more. [] I rather hire a special taxi and pay theR100.00 fare for special trip from town. Yes money is not always there my man, and in this grant (Disability Grant) you have to pay R200.00 for a return trip from the already little money we get from this disability grant. It’s tough my man. (P2)

People take all the space. That’s why I have to use my own money to go to the clinic. If I want to go to George (Provincial Hospital) I need to get a private car which might as between R600 and R700 to go there. It’s very difficult, that’s why I don’t want to be in a taxi anymore. I just take that R150 and pay for my (private car) because people want money. (P3)

Sometimes when I need to go to town or to hospital, we need to hire someone which very expensive. (P4)

In those situations, I will be left with an option of having to take a special trip which is very expensive. Sometimes I do not have money as they cost around R100.00 to R150.00, which is not always available. When you have to go to town you only pay R12.00, but because of your situation of having mobility limitations you will need to keep some money for a special trip vehicle which will cost R150.00, to get back home and get comfortable and safe, because that what you need most. [] This becomes money that you never budgeted for and money that you do not afford. There is a huge difference. The return taxi fare is R30.00 per round trip, whereas for private hired care is R150.00 per round trip. (P5)

My brother it's difficult because I have to pay from R150.00 to R200.00 to hire a private transport to take me from home to the hospital for physiotherapy and my medication. (P6)

4.3.2. The effects of having to pay (transport fare) for the caregiver and / or for the assistive devices in the taxi

If I have to go with my mother to the town, I give her an amount that is enough for her to catch a taxi while I go with my wheelchair through the bush down to town. When we come back we then take a special trip which will charge me R100.00 or R150.00 to get back home because it is up hill to come back from town and it becomes impossible for me to propel my wheelchair back home. Yhea It is better like that my man. To pay R200 from my disability grant is not easy for me every time I want to go to town. I don't have money... It is really heart breaking. []... you have to have two boys and enough money to pay for them and to pay for your wheelchair. [] If you fail to pay them, it will be difficult for them to help you again when you need them. (P2)

My father is the one to put me in the bakkie and the driver help my father to put my wheelchair also in the bakkie. Those people charge a lot of money. (P4)

It is about your safety and the safety of your belongings which can be damaged while you struggling to get in or out of the taxi. That becomes a reason for persons with mobility impairment to choose to hire a special car to get to town and back for their safety and the safety of their belongings which talks direct to the cost they have to incur. (P5)

As I do not have a transport of my own. If I can tell you most people made a lot of money out of me. I sometimes use my disability grant money [] Sometimes I get a transport to get to the clinic which also becomes a financial challenge. (P6)

4.4. Theme Three: Challenges related to accessibility to the taxi, the road and to the houses.

4.4.1. Getting access into the taxi with an assistive device takes time and space

(P1) [] Sometimes it is not easy at all. And for my personal experience I haven't been getting a lucky into getting a taxi at all because I am using a wheelchair that does not fold. So with that being said, it's hard for the wheelchair and myself also in the taxi, because there is no space for me and the wheelchair in the taxi. [] Most of the taxis are ...using quantums (Toyota Quantums), they are little bit high....and for persons in a wheelchair, it's very hard to transfer yourself into the taxi from your wheelchair and from the taxi into the wheelchair, it is impossible let me say.... (P1)

Let me speak about taxis. People (taxi guys) are complaining about their taxis as our wheelchairs are scratching their taxis when boarding and taxi commuters are also complaining that our wheelchairs are big and they take a lot of space in the taxi. [] as you see mine now (a three wheel manual wheelchair). This wheelchair can take a space of two to three people in a taxi and myself also added. The taxi door as you know it is a sliding door and there are no grab rails or handles to assist us to do transfers. The only option is to be lifted by other people and get thrown inside with your wheelchair which is not even foldable. These driver sometimes load 18 -20 passengers in a 15 seater taxi. (P2)

There is no space for me in the taxi, because I must move in with my wheelchair. The Quantum is high and my wheelchair is very low and my legs have no power. I can't get in there. Sometimes there are people sitting in the front seat. I have to go right to the back. How am I going to be able to go through all those people to get to the back. When I am in the taxi, I start coughing because I cannot get air because I am sitting like this (showing like squeezed). (P3)

[]my wheelchair (electric wheelchair) cannot fit in the taxi. The taxi does not have the wheelchair hydraulic lift that can lift me and my wheelchair into the taxi. I cannot climb into the taxi, yes, that is my reason. (P4)

For me personally, I cannot sit at the back of the taxi. I can only sit in a front seat. At times when I get to the taxi rank, the front seat is already been occupied and I get worried as I know my situation. (P5)

4.4.2. There is a constant need for assistance or a companion

[] it's going to be difficult for you to get to the road to and then go to someone's house to ask him to push your wheelchair or ask someone to accompany you, to push your wheelchair, which comes to a point of being dependent. Always wanting to be independent and doing things on your own, and it's not always easy to ask someone to come help you. On rainy days it's not easy at all, you will rather just sit at home and not go anywhere that's a best option that you have but if you want to go somewhere you will need someone with you to go anywhere you want. (P1)

People around me are all old and most of the young guys are at school. They can't help me and I am a grown up man I am not a baby I am heavy. I have help from my girlfriend's mother. She was helping me with some money to get to town, get my tablets paid and go to South African Social Security Agency (SASSA) to collect my disability grant payment. I get help to get my clothes washed and also getting something to eat, (P3)

I need people to lift me into the taxi. Yes they must take the wheelchair next to the bakkie and put me on the wheelchair. My father helped me into the car and he adjusted the seat backwards and my friend helped me to put my safety belt on. (P4)

My cousin is the one who knows how to connect my sound system and he knows how to disassemble and assemble my wheelchair (electric wheelchair) when I travel with him. They have to put it as it is at the back of a bakkie. I really struggle now that he is working. (P6)

4.4.3. Steep and rough terrain from houses to roads

It was very difficult for me even to get into the road because there were stairs , there were no ramps, so it was difficult for me even to first get into the road and then go to the taxi stop which was a little bit very hard for me to get there. So it's quite difficult... yesit's very quiet difficult. Especially the roads in Knysna townships are up-hill's and down hills (waving with his hands showing). So it'speople in wheelchairs will think of going to taxi routes to go get transportation. First of with people with disabilities using wheelchairs, ramps are more important. (P1)

As you can see I even struggle to get out of my house to the road. I have to pass through my neighbour which is not always a good feeling to have. I always have to ask nicely to pass

through as I am aware that one day they will need to fence their house and I will be in a worst situation after that. [] It is so sad to see people with disabilities in our area who do not even have houses.....it's bad (showing some emotion and emphasis). (P2)

The challenge faced by P2 is illustrated by the photo below of the house to road access.



Figure 4.1 House to Road access for Participant 2

Just to get to my gate from here it takes me 10 minutes to 15 minutes as you see the house and the path to the gate is very difficult to go up there. Getting out of this house takes me between 10 to 15 minutes from here to the gate or even more. Because people must carry me from here to the gate. The house is built..... as you can see, it's like a hole here. As you can see here (pointing through the window), I never went up here (P3)



Yes, I do have a ramp, but it is sometimes I feel it is too steep for me to go with my wheelchair facing to the front. It's better when I reverse as I can manage my weight better when I go on reverse. I feel it is safer when I go up the ramp than when I go down (P4) Figure 4.2 shows this ramp.



Figure 4.2 The ramp that Participant 4 often fears using.

[] Some of the houses for persons with disabilities get situated on a flat surface area whereas some of those that are on sloppy areas, the municipality will provide ramps. But as you can see

here in Knysna townships. Even if your house can be situated on a flat surface but you still going to get up-hills when you want to get anywhere such getting to the main road. Your house can sometimes be situated on a flat surface but that will only help when you decide to move around your own house to do your house chores. It is really not easy. (P5)

Things like these we teasing each other at times with these realities. When he answered me he said no don't even think about coming to my place you will never be able to get inside there. I don't know if it is only me. I tried to ask for assistance from government (local municipality) with ramps, but I never get help. I was only seen by one of the local teacher who went to speak with another private construction company that was here in Knysna townships who did my ramp for free. (P6)

4.4.4. Difficulty in accessing the narrow, steep and uneven roads in the area

First of all, I do live in Knysna townships, it's either up-hill or down-hill. So you struggle to the road first before you get to the main road. With the roads in Knysna townships, the way that they are. For me the only..... thing that might help me and most of the guys on manual wheelchairs it to get them motorized wheelchairs and on that point, motorized wheelchairs are not cheap. When it rains, it's not fun, and we have muddy roads in Knysna townships, so in a wheelchair you struggle to get by and /or to go wherever you want to go. Your wheelchair becomes slippery. (P1)

Our roads here are gravel and when it's raining it becomes muddy which makes it painful and difficult for us wheelchair users.....you see. My wheelchair also get full of mud because roads become wet when is raining. My man, taxis here are not coming to where people stay. They leave you in the main road and you will need to make your own way to get into the small gravel streets to you house. You know my man, it is very difficult and it is hurting for me because I am able to propel myself but my main problem is these bad roads here. [] as I said this place has got a lot of hills to get to other people. (P2)

It is difficult for me to go up there to catch a taxi, because the taxi place where they pick up people is on top there and I'm staying down here (showing with his head). [] If I am walking with sticks or with a wheelchair and it steep and the wheelchair can fall any minute. [] It was dark and I was alone. [] Every time I get into the taxi, there is a problem because they drop me far from home. How must I get home? (P3)

That road down there is too steep and sloping so I choose to take the other road that is not up and down hill. So I choose to take a little bit flat road to go to the clinic and back. (P4)

The distance is the major challenge and you really struggle and get tired. Let me tell you, it is very far for us to get where we need to take the taxis, I don't want to lie. Yes, the house the house is next to the road, but the challenge is the distance to get to the taxi stop. As I was saying to you, they are only found on the main roads. What is worse for me standing for long is a huge challenge. (P5)

My problem then was that I was not able to mobilize in an up-hill so when it comes to going up-hill I struggled a lot. it's very difficult, because the only areas that are well looked after is the town and the suburb areas, but the township is just neglected. That's how terrible it is here. [] For example for me as a music producer and an artist on wheelchair I use to struggle here in Knysna townships to go and perform on stage. For wheelchair users there are no short cuts. You only need to be on the main road until you get to the clinic. (P6)

4.5. Theme Four: Attitudes

4.5.1. Attitudes from the taxi operators

Most of the drivers they don't want to take people with disabilities into their taxi because of that. Because if anything happens to you they have to take responsibility of whatever has happened to a person who has a disability that's in their transportation. That's a norm, they don't regard other person's need [] So, you just tell yourself you know what, just give way let them pass. Some of them will wait for you to get through, and go pass or whatever but most they don't have patience, (P1)

Let me say, taxi people (taxi drivers and guardjies) they do not care about you as a wheelchair user, they only care about money. The drivers are not always willing to help. They will rush you to get in as quick as possible as they are rushing for money and they don't have time for you. If it happens that you make long some taxi drivers will leave you and say look for another taxi. These boys (guardjies) they don't care and those with no disabilities they only minding their own business. And the taxi guardjies are young boys who do not go to school. They don't care about how you feel. They just there to make money. (P2)

Because the people of with taxis, (Ha..ah), they only concentrate on how much money they are making. They don't concentrate on comfort of the people. Taxi people there is no use (useless). (P3)

While the sliding door operator (guardjies) is still helping people with their begs and other stuff, but the driver just drive. (P4)

Especially for those using a wheelchair or crutches, the taxi driver will drive pass that person? They don't want to offer help to that person instead they will start complaining about where the wheelchair is going to be and all that. For me personally I witness these incidents more often. Sometimes I am inside the taxi and no one have noticed that I am in the same taxi. I use to see a person coming and I wait and see how they will assist that person with his wheelchair. I feel good when I see someone helping another person. But instead of helping that person, the taxi driver will say no let's go pass this one, he will delay us. Sometimes you already seeing the taxi approaching and you raise your hand to show the taxi driver that you on your way but you are struggling. No taxi will stop for you because of your situation. I should say, they don't care for us. Even when you come back from town and ask the driver to put you a little closer to you house, that will be a huge fight, I won't lie. The driver will tell you everybody in the taxi want's to also get home. I mean things like that are discouraging. Their way of speaking to us, I mean they don't treat us like human beings. Remember I also paid to be in this taxi but my needs are not being considered. The driver will tell you that he is in a business all that count is money. (P5)

4.5.2. Attitudes from the other commuters

People especially in pick hours people are not really patient especially other commuters[] They are just in a hurry to get to work. So when you busy doing your thing they just shouting at you for you to.... hurry up. Like you did not choose to be a wheelchair user so you don't feel well when people speaks like that about you. What do they think you should do (looking emotional), do they think you should always be alone because of your situation. Just because this wheelchair is your legs and how do you leave your legs and get into a taxi? How do they think you will mobilise after you get off the taxi. I think those people are unable to think for other people. (P1)

And taxi commuters they only caring about their own wellbeing in a taxi not about us. They will sometime ask you, how you think you will get in this taxi with such a big wheelchair.[] Some of them would complain saying, how is this man going to fit here.., some of them saying how are they going to sit comfortably with this wheelchair inside. They come with different types of complaints trying to avoid person on a wheelchair to board the taxi. The passengers

are also complaining of the space as my wheelchair can take up to three seats and with me it becomes 4 seats. (P2)

You get different people with different attitudes, good attitude and bad attitude. They look at you and say 'hey you smelling urine'. The other day when I was in an ambulance on my way to George. People were complaining about me. Telling me that I smell because by the time I get to George I was already wet due to the fact that I cannot control my bladder. By the time I pass Sergefiele (place near Knysna townships) I was already wet. It is not nice while you not on the peak of your life but you go through my situation. I am only 22 years old but I can't help myself. My life is just starting now. I was not like this before. I was a good guy (looking very emotional). I love to work. My life has changed. I wouldn't have problem going to other people as long as my bladder would be controlled. (P3)

The people inside if you are not fast enough, they will tell the driver to drive on and they won't stop for you. (P4)

Even the public transport users are not willing to give their seats for me. They will only tell you that you shouldn't have stopped the taxi when you see there is someone in the front seat. Even in the taxi rank, while we all waiting for a taxi, I start talking to the people around me and explain my situation that I unable to seat at the back of the taxi because of my limitations but people (commuters) will not listen to me. People will ignore you or tell you that you can sit anywhere in that taxi. In rare situations you find nice passengers who might also assist you in convincing the driver to help you which is very rare here, it happens once in a while but most of the times the passengers contribute in shouting the driver that they are in a hurry so that the driver does not listen to your request. I won't lie to you. For me personally I never experience any mercy from the passenger of the taxi here in Knysna townships. There is no special treatment at all. Everybody jumps to get in first. Instead you will need to push your way into the taxi, which is not easy considering my situation. Remember here in Knysna townships people are more than taxis. So the taxis are scarcer and the waiting is longer to get the next taxi on busy days. When one taxi comes after long waiting people become impatient and there is no one thinking for the other. That is why I say the attitude of passengers is not friendly to us as persons with mobility challenges. About the language used in a taxi is very bad, I don't even want to talk about it about us people with disabilities. (P5)

I have heard before when people were panicking and warning the driver not to stop for someone on a wheelchair because they were in a hurry to get to their respective work places

and all that....so those are the challenges we are faced with as people with disabilities. I was only with my sister who also struggled to assist me all on her own. Remember the bus drivers were there and the other males were there but they didn't want to help me. So those were problems that I faced from time to time when using a public transport. (P6)

4.5.3. Own Attitudes

It impacts negatively in all aspects, negatively in your life, you start to.....[] Your mind shift it thinking negatively, most people fall into depression. (P1)

And it is difficult for me to go there because my legs aren't working anymore and when the shake starts, it doesn't stop. It is difficult for me to be between the people because I can't keep my urine and I sometimes make myself wet. I have a problem with my urine control, I can't control my urine. So when I get to the town, maybe I will be already wet. When I get to the toilet. It is difficult for me and to be around people and I smell urine. (P3)

So it's a lot I can talk about, because sometimes you do not feel well but you don't have a choice because that is your situation you have to live with. (P5)

4.6. Theme Five: Challenges resulting in exclusion

4.6.1. Economic Exclusion: limited job and business opportunities

Social and economic exclusion and isolation related to transport troubled participants:

One thing I am concerned about with our society, people with disabilities do not get enough job opportunities, such as working in call centres, and other kinds of jobs that may be easy for us. [] I can just say here people with disabilities are isolated here in Knysna townships. It looks like people don't like us. (P2)

I was connected to Knysna townships hospice. They wanted to connect me with other people with wheelchairs. I was supposed to go to Hospice on the 11th of this month. They were going to pick me up and take me to other people with wheelchairs and go do some sketches, because I good in drawings, I draw very nice. I am talented on drawing. I get help to get my clothes washed and also getting something to eat for me as I am not working, and I have a boy whom I never work for. After 4 years now I never worked for him I can't work for him. (P3)

I think there is another reason. I feel I am big now. I don't feel like staying at school hostel for me to be able to work. (P4)

At times I get invited to perform somewhere but because of my transport limitations, I ask someone else who will make money on my behalf and take over my business opportunities. I would be owning a much bigger musical production company unlike this small one that I operate from my bedroom. This makes my business move very slow. If I had my own transport I believe I wouldn't be here. It affects me a lot I can say. Especially from accessing more opportunities in life such as job opportunities, no employer will want to employ someone with disabilities. (P6)

4.6.2. Social exclusion: effects on attending social gatherings and visiting friends and relatives

Now you feel eish no....I have been part of that conversation that we were having or maybe they are going to some kind of an event, and you not going to be able to go with them because you are using a separate mode of transport. So you do feel that separation from your friends especially from your peers at work. (P1)

Sometimes one person has a house but it is not accessible which is resulting into social isolation because the person does not have a choice but to stay indoors. Or even to get out to enjoy the sun light, he only depends on looking through the windows to see other people from distance. I don't get any transport to do those visits. [] (P2)

It is better for me to be around your family, people who knows what you going through. I never went to town for some time, may be three years on more or less. When I go with a private car. I go with a sister (meaning a women driver), she drive very slow and nice over the speed bumps because she knows she has got a patient with a back problem with her. Even people staying around here, you can ask them. Some of them they didn't see me for months. [] (P3)

[] if there are stairs in their (friends) houses it's a problem. They will need to come out for me to be able to sit with them during my visit. But I cannot come in their houses. So their son is my friend I can go visit him using that ramp of a motorbike but it is too steep but I do use it when I visit my friend. When I see my friends going to the beach in a bakkie and I know I can't go with them. I sometimes feel very angry for myself or I feel a bit down. Yes because they can go and I cannot go. [] It is a problem, because at times we need to attend music event in town.

Just like on the 28th of this month (April) we are invited in a Knysna townships motor Music and we were given two tickets but we are now thinking how are we going to get transport? But I really want to go but the transport becomes a problem and my father needs to also go to help me. (P4)

According to my experience in my situation here in Knysna townships, you shouldn't be someone who likes to move around. When you like to move around you will have no choice but to go back to the same challenges I have mentioned. That is why I choose not to go to friends. They must better come to my place as much as it is difficult to control that as you will also need to go see people yourself. This is why I sometimes ask myself why I must leave like a prisoner in my house. I sometimes get invitations to get where other people's gatherings but because I have to face similar challenges every time it becomes difficult to honour them. Yes (silent)..... it (transport) is really limiting you up to the point that you regret being a person with a disability at times. It limits you especially from going to public gatherings where everybody needs to go. In those places you find out that there is no provisions to accommodate you. This is because you fear for safety issues on such circumstances. That is why I only chose to go to work and come back to my place. (P5)

About the public transport I don't think they have much of a problem more than the fact that I am unable to use it and I feel uncomfortable to even start using them due to my situation. I use to do all my musical performance amongst the people on the floor which is not feeling good to do things different than other artists doing the same job as me. Most of the times I do not go to visit my friends or relatives. Instead they are the once to come to my place due to these difficulties. You reminding me of the other friend of mine who visited me yesterday. I asked him where do you stay my friend, because I want to go to your place and mess with your food as you have been messing my food here. So it affects us a lot I don't want to lie. Friends only come to us but we cannot go to them. (P6).

4.7. Theme Six: Participant's perceptions on ways to address the challenges

In response to prompts on suggestions or recommendations that the participants may have to improve their access to and benefit from public transport, their responses were:

4.7.1. Accessible public transport system

I have seen various public transportation types that are equipped to load Umm..... people with disabilities with wheelchairs with crutches and those that are using frames to walk. They could

.....if that kind of transport could be introduced to Knysna townships, it would be muchmuch better, it could make life easier for people living with disabilities to get from point A to Point B. It will work like Ehhh.... Dial-A –Ride in Cape Town, may be if you can dial a person that has that kind of transport, and say please I need transportation, I need to be picked up from point A to point B, this time and that time. That would be much better, then you know ok That transportation is equipped for people with disabilities. (P1)

It would be better if we had buses which had a hydraulic lift so that we can just pay and them and get where we want to be, because this thing of using taxis it is very difficult.[] I can only give that advice my man. Then everybody will know that those buses are only means for persons with disabilities and the rest of other taxis and for everyone who is able to run and get into the taxi with the rest of commuters. I would be better for us. Then we will know that as persons with disabilities we are well recognized. (P2)

if they can get maybe get a bus...[] If they make the bus perfectly for the people with wheelchairs.....it's much better for them, because taxis.....every time I get into the taxi, there is a problem because they drop me far from home. It's difficult and I think government must get people buses that can accommodate wheelchairs for people like me. Buses with empty space inside for the people with wheelchairs. P3)

They can get two or three seats out and get a ramp or a hydraulic lift to accommodate person using wheelchairs to sit at the back seat with other people in the taxi so that you can seat and talk with the rest of other people in the taxi no matter in the back but it is better. As you may have seen there are different types of ramps (some are a two plate ramp and some are one big plate ramp) which can be used for wheelchair users in a taxi. Sometimes they can attach the hydraulic lift which uses a down and up button to lift the wheelchair in a taxi to allow wheelchair users in a taxi. May be they can ... I saw in one of our bus at school. The bus have safety belts attached to the floor of the bus. Those belts have hooks with them to hold the wheelchair stable on both sides while the bus is moving so that the wheelchair user does not move back and front while the taxi is driving. In those buses there are few seats taken out and there are normal seats where other people can sit. (P4)

I even went to Cape Town where I saw buses moving around specifically made for people with disabilities. Those buses have hydraulic lifts at the back to help loading the person with a disability on his or her wheelchair. So for me personally I wish we would have such kind of a transport system, instead of bothering other people in the public transport. The main focus

should be on improving the public transport system that will accommodate persons with mobility challenges. (P6)

4.7.2. Informal workshops, public awareness campaigns and / or training to address the attitudes

To our fellow taxi commuters, just be patient we not all are able to get so quickly into a taxi and out of a taxi. So understanding of one's needs and patience is what they need to have.... UUhhmmm, understanding and patience. (P1)

I sometimes feel that persons with disabilities need to come together and organise a peaceful protest where we go to government offices and voice out our complaints. It would be really better for me. We are really struggling. Even if we would have 4 or 5 of the busses, it would make a big difference. [] Many people with disabilities would benefit a lot from the buses as they have to go to doctor's rooms, hospital and to physiotherapists. That's what I am willing to do for myself and help those who are struggling to motivate them, so that they can know that even if you are using a wheelchair, you can do most of the things that people with no disabilities can do. (P2)

On my thinking, I think the taxi driver need to be taken to something like a workshop, where they can be taught how to treat and tolerate a person with a disability of any form. Where they can be trained for how to handle a person on a wheelchair trying to get on and off the taxi. This to prepare these taxi drivers to be ready to deal with such situations. So for me I would suggest that the government would start an awareness campaign, to empower the drivers on transporting persons with disabilities. Taxi drivers needs to get these workshops to make them aware that persons with disabilities needs a different treatment unlike the abled bodied persons. On my own observation I think the municipality is trying but they do not succeed. I believe if the municipality would be specific to negotiate the buses for persons with disabilities, the taxi industry would understand because taxi people themselves do not have a plan for people with disabilities. It would be good if people (commuters) would be educated on how to treat or handle persons with disabilities, because people really never apply to be in the situations they find themselves stuck with. So campaigns of educating people at large in all public gatherings, in public transport so that there could be provisions and care for all people where other people are gathering. (P5)

4.7.3. Encouragement of family support

So from my point of view I have a lot of support from my family with regards to my disability. First if you not feeling that love, care and support at home the you not going to trust any person to help you. So first, if you have anyone that is disable at home, support them in any way that they can, no matter what. Just give them some encouragement to get out and socialize and put their mind into something else. (P1)

My family are supporting me a lot through difficult times. It feels like they understand what I am going through. It is nice to be around them. (P3)

I am working for internet marketing place there in George. But I am working from home doing data capturing. But now I am working from home full time now. My father does everything for me, he put me on bed and he put me back on my wheelchair. He sometimes to come and turn me at night for two three times as I cannot turn myself. (P4)

My family gives me all the support I ever needed. If they not there for me I don't think some of the things I have today I would ever have. They are giving me a positive support which gives me positive attitude. This makes my problems to be easy for me through their support. (P6)

4.8. Conclusion

This chapter presented the findings; the challenges faced by persons with mobility impairment (PWMI) in accessing public transport in Knysna townships as experienced and described by the participants during the interviews with the researcher. Some of the participants' ideas for improvements were also described. These findings were presented as per six themes with a total of 17 sub-themes as narrated directly by the participants. The findings and moreover the researcher's interpretation of them will be discussed in Chapter five.

Chapter Five

Discussion

5.1. Introduction

This chapter discusses the findings of the study, in relation to the literature on challenges faced by persons with mobility impairment (PWMI) in accessing public transport in Knysna townships. Each theme that emerged during data analysis is discussed individually under the various sub-themes. The findings fulfilled the aim of the study which was to explore the experiences of persons with mobility impairment (PWMI) in accessing public transport in Knysna townships in the Western Cape Province. The objectives were:

- To identify barriers faced by persons with mobility impairment in accessing public transport in Knysna townships in the Western Cape Province (Themes 1-5)
- To identify facilitators recommended by persons with mobility impairment in accessing public transport (Theme 6)

5.2. Theme One: Challenges related to lack of safety

Challenges related to lack of safety included; safety measures within the taxi (e.g. use of seat belts); reckless *driving by taxi operators* and *lack of safety* even outside the taxi or as a pedestrian.

5.2.1. Safety measures within the taxi (issues of balance and the use of seat belts)

The participants reported the lack of safety in the taxi due to the fact that most of them have no safety belts on each seat and as persons with mobility impairment (participants) with lack of balance this affects them even more than the other passengers.

This finding is consistent with the findings of a study by Wretstrand, Stahl & Petzall, 2008 p42 ‘that it is madness to travel without being strapped ..., they should try it themselves, and see how it feels to be in a wheelchair’. The comments made about the safety belt highlight the discomfort perceived by the wheelchair user. Travelers with impairments still consider safety as paramount when travelling with public transport (Visnes Okenholt & Aarhaug, 2018).

5.2.2. Reckless driving by taxi operators

Recklessness and negligence by the taxi operators are reported as a barrier to accessing public transport by participants in this study. This was also described by participants as the cause of road accidents which might have more severe consequences for them as persons with mobility impairments due to their situation (e.g. additional balance problems).

This finding concurs with the findings found in literature which stated that drivers emerged as key actors in providing comfortable and safer trips. Also, among the officials providing the transportation services, drivers were seen as crucial (Wretstrand, Stahl & Petzall, 2008). Further to the above the findings from a study in Norway mentioned lack of knowledge and understanding among drivers and transport personnel might not in itself result in non-use, but it can still play an important part for when a PWMI is deciding whether or not to travel by public transport (Okenholt & Aarhaug, 2018).

5.2.3. Lack of safety even outside the taxi or as pedestrian

Considering the terrain and narrow roads in Knysna townships, participants mentioned the issue of safety even on their way to the main roads where the taxi stops. Amongst other they mentioned that they get unsafe from the same taxis and other vehicle even before they get to taxi stop due to the fact that they are using their wheelchairs and other assistive devices to get to the taxi, and drivers do not see them or respect them.

This finding is consistent with the study done in the rural Eastern Cape where participants were complaining that on rainy days the wheelchair becomes slippery and unsafe and it collects a lot of mud which makes it difficult for the participant to go to work (Vergunst et al. 2015). Wheelchair users experienced a number of hindrances such as too few adapted vehicles to accommodate their needs, distances to the bus stops and lack of access to public streets which resulted them having to wait a longer period of time to get the public transport than their able bodied fellow citizens (Almada & Renner, 2013). The findings of the study done in Warwick in Durban that there are thus serious safety risks associated with the use of the surrounding roads to access the markets for persons with mobility impairments (Naidoo, 2014) conform with the findings of the current study.

5.3. Theme Two: Challenges related to Cost of transport for PWMI

The participants expressed the challenges related to the cost that each one of them has to incur to get to point A to point B which is more than the cost that other commuters pay for the same transportation needs. The challenges expressed by all participants were as follows: The need to hire private transport which costs way more than a normal public transport fare; and, The effects of having to pay (transport fare) for the caregiver and / or for the assistive devices in the taxi. This theme is described by the many participants as a must due to their physical limitations and lack of safety in the public transport.

5.3.1 The need to hire private transport which costs way more than a normal public transport fare

All participants reported that they end up needing to hire a privately owned car for a special trip instead of having to go and face all the challenges of the public transport which they all say is the most expensive option. Most participants reported that the amount is not always affordable considering their financial status of using a state disability grant of around R1 600 per month. The findings of that report states that the cost difference can be up to 25 percent more than a normal bus fare when using a private hire vehicle. These findings are consistent with another study, done in Namibia, which reported that the main obstacle faced by participants when seeking healthcare is transport cost which was further reported that it escalates for those individuals who choose to use private hire cars to go to the clinic (Van Rooy et al. 2012). The study done in Mpumalanga in South Africa found that people with disabilities pay up to R1 200 every month on hire cars to be transported to the group meeting place which far more than an amount one would pay on public on public transport (Chakwizira et al, 2010).

5.3.2. The effects of having to pay (transport fare) for the caregiver and / or for the assistive devices in the taxi

The current study's findings reported the financial burden of having to pay for extra transport cost for her companion (caregiver) when using a taxi and also to pay for the assistive device (wheelchair) for extra space it occupies in a taxi. The cost of the caregiver or a companion includes the taxi fare and the additional amount that one pays to the caregiver for the help given on that particular trip such as for pushing the wheelchair and assisting on doing shopping. The amount of money they have to pay per trip has been described by some participants as exorbitant and posing a bigger financial challenge on their day to day lives.

The aforementioned findings of the current study concur with the findings of the study done in the Eastern Cape which in its title was a phrase ‘You must carry your own wheelchair’ (Vergunst et al., 2015:1). The study reported the difficulties people with physical disabilities encountered when getting transported with their wheelchairs in a jam-packed taxi, which in the conclusion of the study mentioned that in order to overcome such barriers would due to their nature, incur substantial costs (Vergunst et al, 2015). One lady in a wheelchair reported that she had to pay three fares each time she travels to town (one way), one fare herself, one fare for her wheelchair and one fare for an accompanying person which makes it very expensive for persons with disabilities to travel (Chakwizira, 2010). In a study done in Nigeria, similar findings reported that the poor state of public transportation services in Nigerian cities necessitated the need for disabled people to make provision for extra economic expenditure in hiring a professional attendant during trips in the society (Odufuwa, 2007).

5.4. Theme Three: Challenges related to accessibility to the taxi, the road and to houses

Participants in the current study reported accessibility as one of the hindrances to using public transport (taxis in the case of Knysna townships). The study findings reported the following accessibility-related challenges: Getting access into the taxi with an assistive device affects time and space; the constant need for assistance or a companion creates dependence; steep and rough terrain from houses to the roads and difficulty in accessing the narrow, steep and uneven roads in the area. The ratification of United Nations National Convention on the Rights of Persons with Disabilities (United Nation 2006) promotes equal access to physical environment, transportation (Akoch, Anderson, Ghela, Govender, Hoosen & Naidoo, 2014).

5.4.1. Getting access into the taxi with an assistive device affects time and space

This study found that the sliding doors of the taxi, the height from the ground to the first step at the door and the overloads by the taxi are making it almost impossible for persons with mobility impairment to access the taxi especially those with assistive devices. This finding is consistent with the findings of Visness Oksenholt and Aarhaug in 2018 that boarding and alighting was seen as a major issue by people with disabilities and this concurs with the findings as the participant in that study also reported that they face challenges with public transport especially boarding and alighting (Chakwizira et al 2010). The use of the front door meant equality with other passenger groups, and allowed for prepared maneuvering (Wretstrand,

2008). The study further noted that comfort in the public transport was interwoven with safety, provided all physical variables were manageable. Enough space and time, decent weather conditions and the social context could also be contributing factors to discomfort in the public transport when boarding and alighting (Wretstrand, 2008). Many physically disabled people are not able to use public transport at all because of the physical barrier inherent to their situation of not being able to physically get to or get on to the public transport. Ideally, a person in a wheelchair requires the services of a total mobility taxi with a wheelchair hoist (Rose, Witten & McCreanor, 2010).

5.4.2. There is a constant need for assistance or a companion

Being dependent on other people's help is an added accessibility challenge as per the participants. They further reported that being in their situation (with mobility impairment) always necessitate help from other people such as companion, caregiver and / or having to ask people around you when using public transport.

The findings of the current study concur with a study done by Oksenholt and Aarhaug (2018) where one participant reported that she feels embarrassed to have to ask people for more help compared with other passengers. The current study is also consistent with the study done by Braithwaite and Eckstein (2003), where it found that many people with physical disabilities do not need much assistance in their own environment (their own homes) but they need much more help when they are in a strange environment. In a study done by Carmien et al, (2005), differed with the findings of the current study and identified means to get devices such as supporting independent travel with unobstructed supervision and assistance, which allows caregivers remotely and unobtrusively monitor traveler's activities and offer assistance only when needed and this is in a high income environment compared to the current study context. Naidoo, et al, (2014) found that it is a common occurrence for persons with mobility impairments to be carried up the stairs at one of the markets in order to access stalls or the train station located within the market. Naidoo et al (2014) further found in the same study that persons using wheelchairs are obliged to propel themselves on the road when needing to access the taxis independently. Otherwise, most will require assistance from others to transfer from sidewalks onto the road surface or vice versa.

5.4.3 Steep and rough terrain from houses to roads

The current study findings described the terrain of Knysna townships where the participants reside as very steep and rough especially the access between the houses and the roads which the participants reported as difficult to maneuver their wheelchairs and other assistive devices. This was identified as most difficult and limiting when it comes to them connecting to the public transport waiting stops. The finding is consistent with the study done by Visagie et al (2017) that the natural environment as a barrier feeds into the transportation problem and is naturally more problematic in poor contexts due to lack of infrastructure, such as poor roads, difficult terrain such as hills, rivers, extreme heat, and so on (Visagie et al, 2017). Similarly, on the study findings by Naidoo et al, (2014) persons with mobility impairments are unable to access multi-level markets where staircases – moreover where they are in a poor condition, with damaged, uneven surfaces, with variability being noted in the heights of the steps. This poses a safety (tripping) hazard.

5.4.4 Difficulty in accessing the narrow, steep and uneven roads in the area

All participants in this study reported that the distance needed to be covered by each participant to the main road where the taxis are getting boarded is long, tiring, steep and uneven. Similar findings were reported in another study, that ramps throughout the markets do not satisfy the design specifications as there is an absence of handrails in some instances, whilst in other areas some are too steep for use and floor surfaces are not smooth, making access to markets, therefore, difficult for persons with mobility impairments (Naidoo et al, 2014). The natural environment (e.g. steep hills) as a barrier feeds into the transportation problem and is naturally more problematic in poor contexts due to lack of infrastructure, such as poor roads, difficult terrain such as hills, rivers, extreme heat, and so on (Visagie et al, 2017) and this is supported by the current study findings.

5.5. Theme Four: Attitudes

Participants reported attitudes as one of the challenges for persons with mobility impairment. The attitude from the taxi operators such as taxi drivers and ‘guardjies’ (as referred to taxi drivers’ assistants in Cape Town), attitudes from other commuters as well as own attitudes (referring to the persons with mobility impairments themselves).

5.5.1. Attitudes from taxi operators

Participants in the current study reported that the negative attitude from the taxi operators such as being impatient, bad language used and complaining of bulky wheelchairs that are scratching theirs taxis becomes a contributing factor for non- use of public transport. The finding is consistent with the findings of the study done by Oksenholt and Aarhaug (2018) that lack of knowledge and understanding amongst the drivers results in non-use of the public transport. They further reported that for the mobility impaired, lack of help from the driver or staff is a problem, as they become dependent on help from fellow passengers (Oksenholt and Aarhaug, 2018). Chakwirira et al (2010) reported that taxi operators have a bad attitude persons with mobility impairments and they sometimes leave them on the road and pick the able bodied people and this kind of practice is more prevalent during the peak hours, on weekends and holidays when the commuters are many. This concurs with the findings that ‘it doesn’t matter how comfortable and punctual we are because if the driver is bad everything collapses anyway’ (Wretstrand et al, 2008: 46). Literature also reported that the attitude and driving behaviour of most drivers as well as the overcrowding of available modes of travel, prolong waiting time, drivers of most public transport in Nigerian cities do not give disabled people enough time to board and alight in comfort and safety (Odufuwa, 2007).

5.5.2. Attitudes from other commuters

All six participants reported the attitude of the other commuters as contributing as the contributing factor to non-use of public transport by persons with mobility impairments. Other passengers in the taxi become impatient during the peak hour and influence the driver not to stop or wait for the person with mobility impairment. They further report that other commuters are complaining about the space of the assistive device which causes discomfort amongst the other commuters inside the taxi.

This is consistent with the findings in Oslo Norway by Oksenholt and Aarhaug (2018), regarding their experience of the journey and the reactions of fellow passengers. The findings by Leshilo, (2004) documented examples of able-bodied people’s negative attitude towards people with physical disabilities. Reasons given included that able-bodied people treat them poorly and rudely. Disabled persons also expressed reluctance to sit next to other commuters who stare uncomfortably at them (Leshilo, 2004).

5.5.3. Own attitudes

Participants mentioned the challenge of their own attitude towards the use of public transport, emanating from negative thinking of self which results in low self- confidence amongst other commuters. The second challenge of that nature is emanating from medical conditions which sometimes goes with physical disabilities such as urinary incontinence, resulting in embarrassment amongst other commuters, decreasing self-confidence and eventually contributes to non-use of public transport. These current findings resonate with earlier findings in the Netherlands where participants with mobility impairments had reported feelings of sadness due to physical health problems such as bladder problems which result in stigma and low-self- esteem (Vissers et al, 2008).

A decrease in self-confidence and increasing withdrawal from others has been reported globally and over many years. Examples that may help to understand the current findings include Yoshida (1993) who found much earlier, in Toronto, that some persons with mobility impairments reported getting angry with the fact that they have a disability and that anger gets turned inwards and results in depression which becomes a secondary condition (Yoshida, 1993). Similarly, findings in Ghana showed that self-stigma can occur when persons with disabilities and their families internalize society's negative attitudes towards them (including societal stereotypes and persons with mobility impairments generally being referred to in Ghanaian society as 'sick' people) leading to self-blame and low self-esteem which leads to reluctance of persons with mobility impairment to feel comfortable to use public transport (Dhar, 2009 cited by Baffoe, 2013: 193).

5.6. Theme Five: Challenges resulting in exclusion

All participants in the current study described how they are excluded economically and / or socially due to limited access to public transport. By economic exclusion participants meant the limited job and business opportunities; whereas by social exclusion they were referring to effects of lack of access to public transport for attending social gatherings and visiting friends and relatives.

5.6.1. Economic exclusion: Limited job and business opportunities.

Participants here described some of the limited job and business opportunities that persons with mobility impairments have due to limited or lack of access to public transport. Earlier findings in Netherlands indicated that such a situation was related to functional ability and health,

problems with transport, and problems related to a bad attitude of employers towards persons with mobility impairments (Vissers et al, 2008).

While Baffoe (2013) emphasised the value of education and training for persons with mobility impairments to get jobs, earn good incomes and play active roles in their communities in Ghana; access to such re-education and training is hampered by challenges in accessing public transport. A study done in Utah found that accessible transportation system performance gets measured in terms of travel times which played an important role in the economic development and employment growth of that region (Jansuwan et al, 2013). The delays due to help needed, not being able to access every taxi

5.6.2. Social Exclusion: effects on attending social gatherings, visiting friends and relatives

The participants in the current study reported that they find themselves most of the times sitting at home alone and not participating in any social activities such as attending community and / or family gatherings. Limited access to public transport was reported to further affect them in participating in leisure activities such as going to the beach, the musical festivals and sporting gatherings.

This finding concur with these of a study done in Ghana, by Baffoe (2013) who reported that persons with mobility impairments are often treated with disrespect which may lead to societal exclusion, bullying, aggression, ridicule and devaluation of the self-worth of the person. The study further pointed out that social exclusion could result to inability and difficulty in participating meaningfully in activities in society that will earn or ensure them a good quality of life (Baffoe, 2013)

5.7. Theme six: Participant's perceptions on way to address the challenges

Participants in the current study contributed in finding possible solutions to the aforementioned challenges faced by persons with mobility impairments in Knysna townships. These included the following perceived solutions: Accessible public transport; Informal workshops, public awareness campaigns and/or training to address the attitudes; Encouragement of family support.

5.7.1. Accessible public transport

Participants reported that a challenge of inaccessible public transport would be addressed through the introduction of accessible buses with hydraulic lifts or ramps for assisting wheelchairs users. These buses would have spacious interior with safety belts in all seats for which they used examples such as the BRT (Bus rapid transit) public transport system which they have witnessed in Cape Town and George in the Western Cape. Other participants in the study mentioned an ideal type of taxi that would have a back seat removed to accommodate the minimum of two wheelchair users per taxi to board through the back door in a portable ramp to promote inclusive taxi use for all in the community. This would be much better option in an environment where the overload was well monitored by the traffic officers consistently.

The findings of this study concur with findings two studies on the experiences of PWD in accessing the health care centers have both recommended the accessible public transport system such as BRT (Kahonde, et al, 2010; Kumurenzi et al, 2015). Although the current study reported the necessity of accessible public transport in the area, the Go George Bus Service was not well received by the taxi associations in George, which resulted in the bus not being allowed in the township of Thembaletu, the biggest township in the area mostly dominated by black poor population (Aboo & Quinton, 2015). A study done in Brazil, in the Vale do Sinos region of Rio Grande do Sul, had consistent findings with the current study whereby both successes and challenges were reported in a modified, adapted type of bus service, introduced with the aim to assist PWMI to continue joining the labor market (Almada & Renner, 2013). This is already alluded in an earlier study done in the United Kingdom that accessible public transport was identified as a significant barrier to full participation for PWD (Bogopane, Rickert, Savill, Venkatesh & Venter, 2002).

5.7.2. Informal workshops, public awareness campaigns and / or training to address the attitudes.

Three participants out of six participants who took part on the study mentioned the importance of starting informal workshops, public awareness campaigns and /or trainings to the drivers and the public at large. These will aim at improving the public/drivers awareness on the challenges faced by persons with mobility impairments when using public transport. Most importantly the enlightening of the public and drivers on value of life on the people using the roads in the area.

Article 24 of UNCRPD (2007) is consistent with the findings as it speaks of States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full

and equal participation in education (Rieser, 2012). It further mention communication, orientation, mobility skills, facilitating peer support and mentoring as the important elements in addressing issues of attitudes towards PWD (Rieser, 2012). The finding is stressing what Khasnabis and Motsch (2008) reported when they found that The Community Based Rehabilitation (CBR) matrix also emphasizes full participation of PWD in broader community activities, which involves accessible public transport since people can only participate in activities that they can reach.

5.7.3. Encouragement of family support

Five out of six participants in the current study reported the importance of family support when of them is experiencing challenges with mobility impairments. They alluded that the family plays a vital role in supporting one their members when faced with these challenges starting from accessing the house, the roads and the public transport.

The study done in Manchester found that where there is inadequate or non-existent support from parents, the person can rely on support of family and friends to supply emotional and instrumental assistance to achieve balance between work and caring roles (Kagan et al, 1999).

Conclusion

This chapter discussed the findings of the study on challenges faced by persons with mobility impairment (PWMI) in accessing public transport in Knysna townships in relation to the literature. The findings were discussed based on six themes and sub-themes emerged during the data analysis. The findings have indicated that PWMI are faced with a number of challenges that have a negative impact to their lives pertaining the accessibility of public transport.

Chapter 6

Recommendations and Conclusion

6.1. Recommendations

- Western Cape department of transport together with the Western Cape department of Education could start disability awareness campaigns from schools' level to empower their communities on how to treat persons with mobility limitations within their communities. These programs could be extended to the taxi industry, where roadshows and informal awareness campaigns could be held in taxi ranks by the department of transport in collaboration with the Disability related associations in the area. These campaigns would be aiming to increase awareness of how persons with mobility Impairment feel with regard to using the public transport in the area and to deal with attitudes and societal myths and perceptions on persons with mobility impairment.
- Western Cape Department of Health and Department of Social Development should make a joint venture with the Department of Transport in enhancing health and safety education in their respective waiting rooms to educate the society about how to treat persons with mobility impairments in their midst.
- Western Cape Department of Transport should do more in speeding up the BRT project to reach areas such as Knysna townships where there is a great need for accessible mode of public transport. These be done with proper consultation with the affected stakeholders such as the taxi industry, Disability related Associations and community leaders. Knysna townships municipality could also make sure that in the taxi rank there are proper ramps and / or build platforms where at the entry point where wheelchair users can be picked up before the taxi gets at its loading zone to address the issue of accessibility and avoiding of commuter over- crowding during boarding.
- Department of Presidency where the Persons with Disabilities are belonging in South Africa should add more budget to fund these campaigns through a specific division that would talk specifically about challenges related to transport for Persons with mobility impairment. The said department should also monitor and evaluate compliance in public and private sector with regards to employment of persons with disabilities.

Further to that, this department should make provisions to subsidize the transportation of workers with mobility impairments.

- Further research should be done on the same topic in other areas in South Africa. This is, to allow the findings to be generalized and would help to improve the quality of lives of persons with mobility impairment.

6.2. Conclusion

The study findings confirm that challenges related to cost, safety, accessibility, attitudes, dependence, social and/or economic exclusion are major reasons for persons with mobility impairment not to optimally use public transport in Knysna townships. The recommendations above ought to be implemented through the relevant government departments sooner rather than later. The ongoing situation has negative impacts on basic human rights, equal access and dignity of persons with mobility impairment in Knysna townships.

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APPENDICES

APPENDIX 1: ETHICS APPROVAL

Appendix 1



NOTICE OF APPROVAL

REC Humanities New Application Form

3 October 2018

Project number: 7408

Project Title: Experiences of persons with mobility impairment in using public transport in Knysna in the Western Cape Province.

Dear Mr Khangelani Gudwana

Your REC Humanities New Application Form submitted on 11 September 2018 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
3 October 2018	2 October 2019

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (7408) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document/Type	File Name	Date	Version
Informed Consent Form	SU HUMANITIES Consent form template_Written 1_mg	29/06/2018	First
Data collection tool	A4_GudwanaK_Interview Schedule_mg_sv	29/06/2018	First
Request for permission	Department of Health Request to Conduct Research	29/06/2018	First
Request for permission	Knysna Provincial Hospital letter of Request to Conduct Research	29/06/2018	First
Informed Consent Form	Mods_Appendix iii_Inform Consent form	11/09/2018	ModInformed Consent
Request for permission	Mods_Appendix i_Letter_PGWC-DoHdocx	11/09/2018	Modified
Request for permission	Mods_Appendix ii_Letter_Knysna Hospital	11/09/2018	Modified
Request for permission	Mods_Appendix iv_Letter_Social Department	11/09/2018	Additional Mods
Research Protocol/Proposal	Mods_KGudwana_Proposal	11/09/2018	Modified Version

Default	KGudwana_Letter_of_response_REC_Mods	11/09/2018 Response Letter
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If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.

3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using only the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

4. Continuing Review. The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is no grace period. Prior to the date on which the REC approval of the research expires, it is your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You may not initiate any amendments or changes to your research without first obtaining written REC review and approval. The only exception is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within five (5) days of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the REC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC.

8. Provision of Counselling or emergency support. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

9. Final reports. When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.

10. On-Site Evaluations, Inspections, or Audits. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

APPENDIX 2: WCG HEALTH/KNYSNA TOWNSHIPS HOSPITAL PERMISSION

Appendix 2



Health Impact assessment
Health research sub-directorate
Health.Research@westerncape.gov.za
tel: +27 21 483 0866; fax: +27 21 483 9895
5th Floor, Norton Rose House, 8 Riebeeck Street, Cape Town, 8001
www.westerncape.gov.za

REFERENCE: WC_201810_005
ENQUIRIES: Dr Sabela Petros

Stellenbosch University
Francie Van Zijl Drive
Parow Valley
Cape Town
7535

For attention: Mr Khangelani Gudwana

Re: Experiences of Persons with Mobility Impairment in Using Public Transport in Knysna in the Western Cape Province

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following person to assist you with any further enquiries in accessing the following sites:

Knysna Hospital	Dr Terence Marshall	044 803 2752
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Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. By being granted access to provincial health facilities, you are expressing consent to provide the department with an electronic copy of the final feedback (annexure 9) within six months of completion of your project. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

3. In the event where the research project goes beyond the *estimated completion date* which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
4. The reference number above should be quoted in all future correspondence.

Yours sincerely



DR M MOODLEY

DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 05-02-2019

APPENDIX 3

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Experiences of persons with mobility impairment in using public transport in Knysna in the Western Cape Province.

REFERENCE NUMBER: 7408

PRINCIPAL INVESTIGATOR: Khangelani Gudwana

ADDRESS: No 3 De Kuilen Street, Kuilsriver, 7580

CONTACT NUMBER: 061 016 2603

I am inviting you to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff any questions about any part of this project that you do not fully understand. It is very important that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you can decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part at first.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study is based in Knysna. The interviews can take place at your workplace, home, in a private room in a local hospital or in any of the places where you feel most

comfortable. A place you will have privacy, and preferably at a time when the children are not around to avoid distractions.

I will attempt to recruit a total of 6-8 participants in total. The participants will be interviewed individually. This is to protect your right to privacy and ensuring your identity remains anonymous to anyone except myself.

The aim of this study is to explore the experiences of persons with mobility impairment in accessing public transport in Knysna in the Western Cape Province.

This topic is sensitive but can be helpful for other people with mobility impairments in a similar setting as yours.

I would like to conduct a face to face interview with you. The interview may be between 45 and 60 minutes. I plan on having one interview, and if needed, a second interview may be requested for clarification of unclear issues.

During the interview I will ask a few questions to guide the process. The interviews will be recorded by a tape recorder. The content of the interview will only be listened to and analysed by me. I will also type out what has been discussed during the interview. Your name and any identifying information will not be mentioned. In the write up, you will be referred to as participant 1, 2, 3 or 4, or you may choose a pseudonym or an alias for

yourself to ensure that your transcribed words remain anonymous.

I will send you a copy of the transcript of your interview should you want to read through to confirm the content. For feasibility reasons this would be sent to you via personal email or on an enclosed confidential letter. I will also make means to come in person to bring the letter to you, assist you in reading and further explain if anything needs clarity.

The interview recordings will be kept in a secure place locked away for the next five years, then disposed of. Once I have completed the study the project will be marked and graded for the fulfilment of a Master's degree. I am also conducting this study with the intention of publishing an article that can be accessible to other interested persons with disabilities in a same situation, healthcare practitioners, researchers and relevant departments of government.

Why have you been invited to participate?

You have been invited to participate in this study because I believe you can bring valuable information and knowledge on this topic.

You have some form mobility challenges.

You live in Knysna

You are using public transport to move around Knysna.

What will your responsibilities be?

My intention is to have a discussion or interview in which I learn about your experiences with in using public transport in your area.

You would be required to read through the recruitment letter and informed consent form and sign only if you understand and agree to the terms.

From there, you would be required to put aside 1-2 hours for the researcher to explain everything and conduct the interview.

Will you benefit from taking part in this research?

The benefits of taking part in this study are to get your story heard by other by other interested parties who will learn from it and make change where possible.

Benefits to others include:

To shed light on a topic where people might gain extract solutions to challenges of similar nature.

Helping healthcare professionals to gain insights into your issues so they can come with appropriate ways to assist you and others in the future.

Sharing the knowledge you have gained from your experiences with others. This could help with reducing stigma, and raising awareness.

Also bringing light to the problems you may need help with regarding the mobility challenges with regards to using public transport that may be over looked or ignored. Then suggesting probable recommendations.

Are there in risks involved in your taking part in this research?

Due to the nature of the topic you may get emotional and may want to receive counselling if the interviews put you in an unintended situation. I am an experienced professional nurse with counselling experience, and will be able to support you. Should the need occur, I will refer you for further professional counselling either in the area you live in or close to work at no cost to yourself.

If you do not agree to take part, what alternatives do you have?

If you do not wish to be a part of the study or wish to withdraw during an interview or at any point of the study you are free to do so, without any bad consequences. Should you withdraw from the study any information given would be discarded and not used in the data analyses.

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

The questions and content of the study should not directly harm you in any way. However should you feel a need for debriefing or counselling support, the researcher will provide you with individuals or organisations where counselling can be provided. This would be near where you stay or work without costs.

Will you be paid to take part in this study and are there any costs involved?

No you will not be paid to take part in the study. There will be no costs involved for you, if you do take part. The researcher will come to you at a time that is convenient for you to do the interview.

Is there anything else that you should know or do?

- You can contact my research supervisor, Dr Martha Geiger on her contact details (mgeiger@sun.ac.za or call on 0824408713) if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled (Experiences of persons with mobility impairment in using public transport in Knysna in the Western Cape Province.).

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2018.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. *(If a interpreter is used then the interpreter must sign the declaration below.*

Signed at (place) on (date) 2018.

.....
Signature of investigator

.....
Signature of witness

Declaration by interpreter

I (name) declare that:

- I assisted the investigator (name) to explain the information in this document to (name of participant) using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (place) on (date)2018

.....
Signature of interpreter

.....
Signature of witness